

# United States Air Force-Refractive Surgery (USAF-RS) Program

## Checklist for USAF Personnel

STEP	DATE	Initials / <input checked="" type="checkbox"/> COMPLETED
1		Member obtains appropriate documents from USAF-RS website: <input type="checkbox"/> Commander's Authorization Form <input type="checkbox"/> USAF-RS Application <input type="checkbox"/> Patient Information Booklet (FDA Required)
2		Member completes and obtains appropriate signatures: <input type="checkbox"/> USAF-RS Application (completes demographic and initials mandatory statements) <input type="checkbox"/> USAF-RS Application (FSO signature) --- AASD ONLY <input type="checkbox"/> Commander's Authorization Form (signatures)
3		For members who wear contact lenses: <input type="checkbox"/> No soft contact lens wear for 30 days. Date last worn _____. <input type="checkbox"/> No rigid gas permeable contact lens wear for 90 days. Date last worn _____.
4		Only after completion of steps 1-3 member schedules pre-operative evaluation with base optometry. Base Optometry completes evaluation and provides member with: <input type="checkbox"/> USAF-RS Application (Clinical Evaluation) <input type="checkbox"/> Color copy of Corneal Topography (req'd) and color copy of ORBSCAN or PENTACAM (if available) <input type="checkbox"/> Co-Management Agreement Form
5		Member submits package to appropriate Program Manager or laser center: <input type="checkbox"/> APM (Aviation and Aviation Related Special Duty)      Aviation Program Manager USAFSAM/FECO <a href="mailto:USAFSAMAircrowProgramManager@wpafb.af.mil">USAFSAMAircrowProgramManager@wpafb.af.mil</a> Voice: Commercial (937) 938-2684/2676 / DSN 798-2684/2676  <input type="checkbox"/> WPM (Warfighter)      Please submit your application package as instructed on the bottom of page 1 of the Warfighter RS Application Form. Reminder: All OCONUS applications must be submitted to the WPM-Joint Service Refractive Surgery Center, Lackland AFB.  <input type="checkbox"/> Member retains hard copy of completed application package
6		<input type="checkbox"/> "Permission to Proceed" determination received by member from Program Manager. <input type="checkbox"/> Member verifies Base Optometry receipt of "Permission to Proceed" <input type="checkbox"/> Member verifies FSO receipt of "Permission to Proceed" --- AASD ONLY
7		<input type="checkbox"/> If "Approved", member and DoD RS Center coordinate surgery date <input type="checkbox"/> Member notifies Base Optometry of surgery date <input type="checkbox"/> Member FSO of surgery date --- AASD ONLY <input type="checkbox"/> If "Denied", process is terminated. Contact FSO (AASD only) or Base Optometry with questions
8		Prior to departure to surgery center, member initiates convalescent leave with: <input type="checkbox"/> FSO --- AASD <input type="checkbox"/> PCM --- Warfighter <input type="checkbox"/> Commander <input type="checkbox"/> Prior to departure, member reports to FSO for initiation of AF Form 1042 --- AASD ONLY
9		<input type="checkbox"/> Surgery and initial post-op evaluations completed <input type="checkbox"/> AF Form 469 initiated in PIMR at RS Center <input type="checkbox"/> AF Form 1042 initiated in PIMR at Refractive Surgery Center --- AASD ONLY
10		Within one week of surgery/return to homebase member reports for completion of AF Form 469 and AF Form 1042 (AASD ONLY) <input type="checkbox"/> FSO --- AASD <input type="checkbox"/> PCM/Base Optometry --- Warfighter
11		Member completes follow-up evaluations with co-manager. *If co-manager is not at USAF medical treatment facility, member must obtain copies at each visit. Member must contact FSO (AASD) or Base Optometry (Warfighter) following each post-operative visit to submit documentation.  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 month post-op completed  <input type="checkbox"/> 2 month (PRK only) post-op completed  <input type="checkbox"/> 3 month post-op completed  <input type="checkbox"/> 6 month post-op completed  <input type="checkbox"/> 12 month post-op completed </div> <div> <input type="checkbox"/> 1 month post-op copy submitted  <input type="checkbox"/> 2 month post-op copy submitted  <input type="checkbox"/> 3 month post-op copy submitted  <input type="checkbox"/> 6 month post-op copy submitted  <input type="checkbox"/> 12 month post-op copy submitted </div> </div>